



**American General Life
Insurance Company,
Houston, TX**

**The United States Life Insurance Company
in the City of New York,
New York, NY**

**AIG Life Insurance
Company,
Wilmington, DE**

Member companies of American International Group, Inc.

The above listed life insurance company ("Company") as selected on page one of Part A is responsible for the obligation and payment of benefits under any policy that it may issue. No other company is responsible for such obligations or payments.

1. Primary Proposed Insured

Name _____ Date of Birth _____ Social Security # _____

2. Child(ren) proposed for coverage under the Children's Insurance Benefit Rider

	Name: First, Middle Initial, Last	Age	Date of Birth	Sex	Height	Weight
Child 1						
Child 2						
Child 3						

3. Total number of current children being applied for: _____
(If more than three children, please complete additional Child Rider Attachment(s).)

4. Child Rider Beneficiary _____
Child Rider Beneficiary Name Relationship to Child(ren)

Give details to all yes answers in Remarks, including all dates and diagnosis.	Child 1	Child 2	Child 3
5. Has any child proposed for coverage ever been diagnosed as having, been treated for, or consulted a licensed health care provider for Congenital Heart Abnormalities, Heart Disorder, Epilepsy, Cancer, Malignancy, Leukemia, Diabetes, Cystic Fibrosis, Kidney Disease, Brain or Neurological Disorder, Asthma or Lung Disease?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Does any child proposed for coverage have any symptoms or does the parent or guardian have any knowledge of any other condition that is not disclosed above?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

7. Remarks (Give details to all yes answers, including physician information, all dates, diagnosis, and/or treatments)

Child 1	_____ _____ _____
Child 2	_____ _____ _____
Child 3	_____ _____ _____

I agree that: (1) I have read the statements and answers contained in this Attachment, or they have been read to me; (2) They are true, and complete to the best of my knowledge and belief; and (3) This Attachment shall be a part of the Application for life insurance for the Primary Proposed Insured listed above. As the Parent or Guardian of the child(ren) proposed for coverage, I agree that I have read the Authorization to Obtain and Disclose Information in Part A or it has been read to me. By signing below, I hereby consent to such authorization for the child(ren) proposed for coverage.

Signature of Owner *(same Owner shown on the application)*

Date

Signature of Parent or Guardian of any child(ren) proposed for coverage *(if other than Owner)*

Date